Schools and Libraries Universal Service Description of Services Requested and Certification Form 470

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org)

Applicant's Form Identifier (Create yo	our own code to identify THIS Form 470)	Form 470 Application #:
		(To be assigned by administrator)
Block 1: Applicant Address	and Identifications	
1 Name of Applicant		
2 Funding Year	3 Entity Number	
July 1, through Jur	ne 30,	
4a Street Address, P.O. Box, or	Route Number	
City		
State Zip Coo	le	
b Telephone Number	Ext c Fax Num	ber
5 Type of Application		
Individual School	(individual public or non-public school)	
School District	(LEA; public or non-public [e.g. diocesan] local dist	rict representing multiple schools)
Library	(including library system, library outlet/branch or lib LSTA)	orary consortium as defined under
Consortium	(intermediate service agencies, states, state netwo	rks, special consortia of schools

Entity Number	Ap	oplicant's Form Identific	er	
Contact Person	C	ontact Telephone Numl	ber	
Block 1: Applicant Addr	ess and Identifications	(continued)		
6a Contact Person's Na First, if the Contact Pe		the same as in Item	4 above, check this box.	If not,
	ntries for the Street Addre		,	,
b Street Address, P.O.	Box, or Route Number			
City				
State	Zip Code			
Check the box next to yo checked and an entry pro		ct and provide your co	ntact information. One box MUS	Г be
c Telephone Numbe	er		d Fax Number	
e E-mail Address				
Block 2: Summary Desc	ription of Needs or Serv	vices Requested		
7 This form 470 descri	bes (check all that apply):			
	to-month services to be produced tariffed or month-to-month		n contract. A new Form 470 must ding year.	t be filed
D.	th a new written contract is s	3	•	
Check if you are s C. A multi-year cont funding year.	·	r contract and/or 0/97 but for which no	a contract featuring voluntary of Form 470 has been filed in a previous	
in a previous fundi		ned on/before 7/10/9	ecuted pursuant to posting of a 7 and previously reported on a	
			Services, Internet Access, Ince of Internal Connections?	

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the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.

Ent	ntity Number Applicant's Form Identifier	
Coi	ontact Person Contact Telephone Number	
Blo	Block 2: Summary Description of Needs or Services Requested (Continued)	
8	Telecommunications Services Item	8, page of
	Do you have a Request for Proposal (RFP) that specifies the services you are seeking must be available to all interested bidders for at least 28 days. If you check YES and y interested bidders, or if you check NO and you have or intend to have an RFP, you risrequests.	your RFP is not available to all
а	YES, I have released or intend to release an RFP for these services. It is available or will	become available on the Web at:
	or via (check one) the Contact Person in Item 6 or the contact	t listed in Item 12.
b	NO , I have not released and do not intend to release an RFP for these services.	
	Whether you check YES or NO, you must list below the Telecommunications Services you seek. (e.g. local voice service) and quantity and/or capacity (e.g. 20 existing lines plus 10 new ones). Se www.sl.universalservice.org for examples of eligible Telecommunications Services. Remember the providers can provide these services under the universal service support mechanism. Attach additional contents of the contents	ee the Eligible Services List at at only eligible telecommunications
С	Check this box if you prefer discounts on your bill. Check this box if you prefer reimbursement after paying your bill in full.	Check this box if you do not have a preference.
	Service or Function	
1)) Quantity and/or Capacity	
	Service or Function	
2)) Quantity and/or Capacity	
	Service or Function	
3)) Quantity and/or Capacity	
	Service or Function	
4)) Quantity and/or Capacity	
	Service or Function	
5)) Quantity and/or Capacity	

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Ent	ntity Number Applicant's Form Identifier	
Cor	ontact Person Contact Telephone Number	
Blo	lock 2: Summary Description of Needs or Services Requested (Continued)	
9	Internet Access Item 9, page of	
	Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YE RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is no available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk do your funding requests.	ot
а	YES, I have released or intend to release an RFP for these services. It is available or will become available on the	Web at:
	or via (check one) the Contact Person in Item 6 or the contact listed in Item 1	2.
b	NO, I have not released and do not intend to release an RFP for these services.	
	Whether you checked YES or NO, you must list below the Internet Access services you seek. Specify each service or function monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access services. Attach additional pages if needed.	tion (e.g.,
С	Check this box if you prefer discounts on your bill. Check this box if you prefer reimbursement after paying your bill in full. Check this box if you do have a preference.	not
	Service or Function	
1)	Quantity and/or Capacity	
	Service or Function	
2)	Quantity and/or Capacity	
	Service or Function	
3)	Quantity and/or Capacity	
	Service or Function	
4)	Quantity and/or Capacity	
,		
	Service or Function	
	GELVICE OF LUNCTION	
٤١	Quantity and/or Canacity	
5)	Quantity and/or Capacity	1

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Ent	tity Number	Applicant's Forn	n Identifier		
Cor	ntact Person	_ Contact Telepho	one Number		— <u>—</u>
Blo	ock 2: Summary Description of Needs or S	Services Reque	ested (Continued))	
10	Internal Connections Other than Basic Maintenan	ce	Item	10, page of	
	Do you have a Request for Proposal (RFP) that s must be available to all interested bidders for at interested bidders, or if you check NO and you h requests.	least 28 days. If	you check YES and	your RFP is not available	e to all
а	YES, I have released or intend to release an RF	P for these service	es. It is available or w	vill become available on th	e Web at:
	or via (check one) the Contact Pers	son in Item 6 or	the contact list	ted in Item 12.	
b	NO, I have not released and do not intend to	release an RFP	for these services.		
	Whether you check YES or NO, you must list below (e.g., a router, hub and cabling) and quantity and/or c List at www.sl.universalservice.org for examples of eli	apacity (e.g., conne	ecting 1 classroom of 30	0 students). See the Eligible	e Services
С		this box if you proaying your bill in	efer reimbursement full.	Check this box if not have a prefer	
	Service or Function				
1)	Quantity and/or Capacity				
	Service or Function				
2)	Quantity and/or Capacity				
	Service or Function				
3)	Quantity and/or Capacity				
	Service or Function				
4)	Quantity and/or Capacity				
	Service or Function				
5)	Quantity and/or Capacity				

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Ent	ity Number	Applicant's	Form Identifier		
Cor	ntact Person	Contact Te	elephone Number		_
Blo	ock 2: Summary Description	of Needs or Services R	equested (Continue	ed)	
11	Basic Maintenance of Internal Conne	ections	Item 11, p	page of	
	Do you have a Request for Proposa available to all interested bidders fo bidders, or if you check NO and yo	or at least 28 days. If you ch	eck YES and your RFP is	not available to all interested	be
а	YES, I have released or intend to	release an RFP for these serv	vices. It is available or will	become available on the Web at:	
	,	he Contact Person in Item		t listed in Item 12.	
b	NO, I have not released and o	do not intend to release an	RFP for these services.		
	Whether you check YES or NO, you basic maintenance of routers) and q www.sl.universalservice.org for exar	uantity and/or capacity (e.g., fo	or 10 routers). See the Elig	gible Services List at	e.g.,
С	Check this box if you prefer discounts on your bill.	Check this box if you after paying your bill	prefer reimbursement in full.	Check this box if you do no have a preference.	t
	Service or Function				
1)	Quantity and/or Capacity				
	Service or Function				
2)	Quantity and/or Capacity				
	Service or Function				
3)	Quantity and/or Capacity				
	Service or Function				
4)	Quantity and/or Capacity				1
	Service or Function				
5)	Quantity and/or Capacity				

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Entity Number	Applicant's Form Identifie	er
Contact Person	_ Contact Telephone Num	ber
Block 2: Summary Description of Needs or S	ervices Requested (Continued)
12 (Optional) Please name the person on your staff specific questions from service providers about th in Item 6 nor the Authorized Person who signs thi Name Title	or project who can provide services you are seeki	de additional technical details or answer
Telephone Number	Ext.	Fax Number
- Stephishe Names		
E-mail Address		
Check this box if there are any restrictions in providers may contact you or on other bidd procedures and/or provide a Web address of the Check this box if no state and local procure services sought on this Form 470.	ing procedures. Please where they are posted ar	nd a contact name and telephone number.
13b If you have plans to purchase additional service you may summarize below (including the likely which a Form 470 cannot yet be filed online, including the likely which a Form 470 cannot yet be filed online, including	timeframes). If you are r	equesting services for a funding year for

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Entity	y Numb	er _	Applicant's Form Iden	tifier
Cont	Contact Person Contact Telephone Number			
Bloc	ck 3:	Tech	nnology Resources	
14	Basic telephone service only: If your application is for basic telephone service and voice mail only, check this box and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).			
15	of the basic	eligik telep	he following services and facilities are ineligible for support, ble services requested in this application. Unless you indication belone service, you must check one or both boxes in Items 1 being sought.	ated in Item 14 that your application is ONLY for
	Deskt	top sc	oftware: Software required	
	а		has been purchased; and/or	is being sought.
	Electr	ical s	systems:	
	b		adequate electrical capacity is in place or has already been arranged; and/or	upgrading for electrical capacity is being sought.
	Comp	outers	s: a sufficient quantity of computers	
	С		has been purchased; and/or	is being sought.
	Comp	outer l	hardware maintenance: adequate arrangements	
	d		have been made; and/or	are being sought.
	Staff	devel	lopment:	
	е		all staff have had an appropriate level of training/additional training has been scheduled; and/or	training is being sought.
	f		itional details: Use this space to provide additional details to desire.	o help providers to identify the ineligible services
		П		
		H		
		\vdash		
		+		
		H		
Bloc	ck 4:	Reci	pients of Service	
16	Eligik	ole Er	ntities That Will Receive Services:	
		e the	ONE choice (Item 16a , 16b or 16c) that best describes this e services described in this application. You will then list in rices.	
	а		Individual school or single-site library.	
	b		Statewide application for (enter 2-letter state code)	representing (check all that apply):
			All public schools/districts in the state.	
			All non-public schools in the state.	
			All libraries in the state.	
	_		School district, library system or consortium applica	ition to serve multiple eligible entities (see
	С		next page).	
	Does	your	application include INELIGIBLE entities?	Yes. If yes, complete item 18.

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Entity Number	Applicant's Form Identifier	
Contact Person _	Contact Telephone Number	
Block 4: Recip	pients of Service (Continued)	
(cont.) multip	ol district, library system or consortium application to serve ple eligible entities: ligible entities please provide the following:	16c, page of
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of 7-digit phone number)	
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		

Entity Number	Applicant's Form Identifier
Contact Person	Contact Telephone Number
Block 4: Recipients of Service (Continued)
These are known as Billed Entities. At le	Item 17, page of the bills directly to the provider for the services requested in this application. east one line of this item must be completed. If a Billed Entity cited on your Form 471 is not the funding requests associated with this Form 470. Attach additional pages if needed.
Entity Number	Entity
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	

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Entity Number	Applicant's Form Identifier	
Contact Person	Contact Telephone Number	
Block 4: Recipients of Service (Continued)		
	s of any entity/entities here Item 18, part for the Universal Service Program.	age of
Ineligible Participating Entity		Area Code and Prefix
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		

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Do not write in this area.

Entity	y Num	nber _	Applicant's Form Identifier
Cont	act Pe	erson	Contact Telephone Number
Bloc	ck 5:	Certi	fication and Signature
19	l ce		t the applicant includes: (Check one or both.) schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801 (18) and (38) , that do not operate as for-profit businesses, and do not have endownments exceeding \$50 million; and/or
20	t	certify technolo	libraries or library consortia eligible for asssistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities). that all of the individual schools, libraries, and library consortia receiving services under this application are covered by each plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or thorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were at the following level(s):
	a	a	individual technology plans for using the services requested in the application; and/or
	b	o	higher-level technology plans for using the services requested in the application; or
21	r t	I certify received the mos of meeti years af statute a	no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only. that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for t cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means ng educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five fier the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries ts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
22	_	purpose the Cor not rece	that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational es and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by mmission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have eived anything of value or a promise of anything of value, other than services and equipment sought by means of this form, e service provider, or any representative or agent thereof or any consultant in connection with this request for services.
23		access, mainter	wledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing , separately or through this program, to all of the resources, including computers, training, software, internal connections, nance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the entioned resources are not eligible for support.
24		authoriz	that I am authorized to order telecommunications and other supported services for the eligible entity(ies). I certify that I am zed to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and sest of my knowledge, information, and belief, all statements of fact contained herein are true.
25	-	complie under tl	that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have ed with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, he Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 Sec. 1001.
26			wledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain sing from their participation in the schools and libraries support mechanism are subject to suspension and debarment from gram.

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Do not write in this area.

Entity Number		Applicant's Form Identifier		
Contact Person Contact Telephone Number				
27	Signature (Continuation and Signature (Continuation) Signature of authorized	28 Date		
29	Printed name of authorized person Title or position of authorized person			
31a	Street Address, P.O. Box, or Route Number			
	City			
	State Zip Code			
31b	Telephone number of authorized person	Ext. 31c Fax number of authorized person		
31d	E-mail address of authorized person			
31e	Name of authorized person's employer			
Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 1-888-203-8100.				

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Entity Number	Applicant's Form Identifier _	
Contact Person	_ Contact Telephone Number	

Block 5: Certification and Signature (Continued)

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authorify under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 470 P.O. Box 7026 Lawrence, Kansas 66044-7026 1-888-203-8100

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form

SLD Forms ATTN: SLD Form 4703833 Greenway Drive Lawrence, Kansas 66046 1-888-203-8100

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